## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if several names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHOD AND APPARATUS FOR MEDICAL INTERVENTION PROCEDURE PLANNING AND LOCATION AND NAVIGATION OF AN INTERVENTION TOOL

I the specification of which is attached hereto OR	
was filed on as Application Serial No	
or PCT International Application Number	and was amended on
(if applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed b elow, and have a lso identified b elow, by checking the box, any foreign application for p atent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				Yes No
				Yes No
				Yes No

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

10/003,373	11/01/2002	Pending
U.S. PARENT APPLICATION OR PCT PARENT NUMBER 10/065,595	PARENT FILING DATE (day, month, year)	STATUS (patent and number, pending, abandoned)

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER(S)	FILING DATE (day, month, year)
60/494,607	08/12/2003

As a named inventor, I hereby appoint Practitioners at Customer Number 23413; Carl Horton (Reg. No. 34,622), Peter J. Vogel (Reg. No. 41,363), and Michael Della Penna, (Reg. No. 45,697) all of GE Medical Systems Global Technology Company, LLC, 3000 North Grandview Blvd., Waukesha, Wisconsin 53188; Kevin Conroy (Reg. No. 38,113) of GE Medical Systems Information Technologies, Inc., 8200 West Tower Avenue, Milwaukee, WI 53223; Ronald E. Myrick (Reg. No. 26,315), Henry J. Policinski, (Reg. No. 26, 621); Scott R. Hayden, (Reg. No. 41,821) and Catherine Winter, (Reg. No. 38,364) all of General Electric Company, 3135 Easton Turnpike, Fairfield, CT 06431-0001, jointly, and each of them severally, my/our attorney(s) or agents(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to <u>Customer No. 23413</u>, <u>Cantor Colburn LLP</u>, <u>55 Griffin Road South</u>, <u>Bloomfield</u>, <u>CT 06002</u>, <u>Telephone No. (860) 286-2929</u>.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, statements were made with the knowledge that willfully false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that all such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of so	ele or first joint inventor: Melissa Vass	
Inventor's signa	ature: Mulissa 2 Vars	Date: <u>August 11, 200</u> 4
Residence:	1109 N. Cass Street #206, Milwaukee, WI 53202	
Citizenship:	United States	
Post Office Add	dress: 1109 N. Cass Street #206, Milwaukee, WI 53202	
Full name of se	cond joint inventor: Jasbir S. Sra	
Inventor's signa	iture:	Date:
Residence:	W. 305 N. 29263 Red Oak Court, Pewaukee, WI 53072	
Citizenship:	United States	
Post Office Add	dress: W. 305 N. 29263 Red Oak Court. Pewaukee, WI 530	072